

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO.

1091658705

FILING DATE

9/8/00

APPLICANT

CLAIMS

NO.	AS FILED		AFTER 1st ALLOWANCE		AFTER 2nd ALLOWANCE	
	NO.	O.F.	NO.	O.F.	NO.	O.F.
1	1					
2		1				
3		1				
4		1				
5						
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13		1				
14		1				
15		1				
16		1				
17		1				
18		1				
19		1				
20		1				
21		1				
22		1				
23		1				
24		1				
25		1				
26		1				
27		1				
28		1				
29		1				
30		1				
31		1				
32		1				
33		1				
34		1				
35		1				
36		1				
37		1				
38		1				
39		1				
40		1				
41		1				
42		1				
43		1				
44		1				
45		1				
46		1				
47		1				
48		1				
49		1				
50		1				
TOTAL NO.	6		1		1	
TOTAL O.F.	44					
TOTAL	50					

NO.	O.F.	NO.	O.F.	NO.	O.F.
61					
62					
63					
64	1				
65					
66					
67					
68	1				
69					
70					
71					
72			1		
73			1		
74	1				
75					
76					
77					
78					
79					
80					
81					
82					
83					
84					
85					
86					
87					
88					
89					
90					
91					
92					
93					
94					
95					
96					
97					
98					
99					
100					
TOTAL NO.	9		1		
TOTAL O.F.	68				
TOTAL	77				